
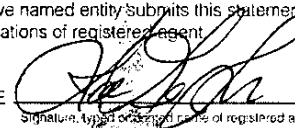


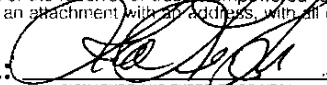
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90015 045 ****61.25

DOCUMENT # N51030					
1. Entity Name THE FLORIDA SCHOOL FOR THE DEAF ALUMNI ASSOCIATION, INC.					
Principal Place of Business 207 N SAN MARCO AVE ST AUGUSTINE FL 32084			Mailing Address 2031 SANDRA DR. CLEARWATER FL 33764		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2507993	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINAVES, JR, TOM 2031 SANDRA DR. CLEARWATER FL 33764			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4/29/08					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLAHER, TIM		NAME	Tom Linares, Jr.	
STREET ADDRESS	2752 GRAY FOX LANE		STREET ADDRESS	2031 Sandra Dr.	
CITY - ST - ZIP	ORLANDO FL 32826		CITY - ST - ZIP	Clearwater, Fla 33764	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMBLE, WAYNE		NAME		
STREET ADDRESS	6413 HEMLOCK RD		STREET ADDRESS		
CITY - ST - ZIP	OCALA FL 34472		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENBERG, SANDRA JEAN		NAME		
STREET ADDRESS	12817 NW 100TH ST.		STREET ADDRESS		
CITY - ST - ZIP	OCALA FL 34482		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES		NAME		
STREET ADDRESS	2741-A 62ND TERR N		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG FL 33702		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Tom Linares, Jr. Treasurer 4/29/08**